

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 1 3

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2001

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 8,657,251b. FFY 2002 \$ 12,992,990

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Please see attached listing

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Please see attached listing

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to add coverage and reimbursement for school-based mental health services for Medicaid eligible recipients under age 21.

11. GOVERNOR'S REVIEW (*Check One*):☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

August 18, 2000

16. RETURN TO:

Division of Medical Services

P. O. Box 1437

Little Rock, AR 72203-1437

Attention: Binnie Alberius

Slot 1103

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JAN 1, 2001

18. DATE APPROVED:

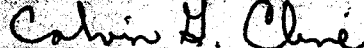
MAR 26, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

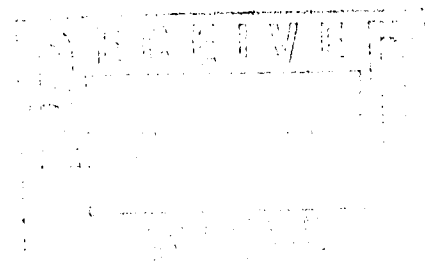
CALVIN G. CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID & STATE OPERATIONS

23. REMARKS:

ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #00-013



8. Number of the Plan  
Section or Attachment

Attachment 3.1-A, Page 1s  
Attachment 3.1-A, Page 1t  
Attachment 3.1-A, Page 1u  
Attachment 3.1-B, Page 2r  
Attachment 3.1-B, Page 2s  
Attachment 3.1-B, Page 2t  
Attachment 4.19-B, Page 1s

9. Number of the Superseded Plan  
Section or Attachment

None, New Page  
None, New Page  
None, New Page  
None, New Page  
None, New Page  
None, New Page  
None, New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 1s

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 1, 2001

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services

1. School-Based Mental Health Services

- a. Services are limited to eligible Medicaid recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary.
- c. Services are provided at the school or in the home when the home is considered to be an educational setting for a child who is enrolled in the public school system. The home is not considered a place of service when the parent elects to home school the child.
- d. The State assures that eligible Medicaid recipients will be given free choice of providers within and outside the school setting.
- e. Provider Qualifications

The Arkansas Medicaid program has established provider participation requirements for school-based mental health services.

In order to ensure quality and continuity of care, School Districts and/or Education Services Cooperatives that are School-Based Mental Health Service Providers approved to receive Medicaid reimbursement must ensure that contractors and personnel engaged as Licensed School-Based Mental Health Practitioners meet specific Medicaid qualifications. Practitioners licensed as school-based mental health services provider personnel may provide the services according to their scope of practice as identified by the licensure requirements. Services will be provided by the following:

A	
STATE <u>Arkansas</u>	
DATE REC'D <u>Jan 01, 2001</u>	
DATE APP'D <u>Mar 26, 2001</u>	
DATE EFF <u>Feb 01, 2001</u>	
HCFA 179 <u>00-013</u>	

1. School Psychology Specialist (licensed by the Arkansas Department of Education (ADE))
2. Licensed Certified Social Worker (licensed by the Arkansas Social-Work Licensing Board)
3. Licensed Masters Social Worker (licensed by the Arkansas Social-Work Licensing Board)
4. Psychological Examiner (licensed by the Arkansas Board of Examiners in Psychology)
5. Licensed Psychologist (licensed by the Arkansas Board of Examiners in Psychology)
6. Licensed Professional Counselor (licensed by the Arkansas Board of Examiners in Counseling)
7. Licensed Associate Counselor (licensed by the Arkansas Board of Examiners in Counseling)

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 1, 2001

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services (continued)

1. School-Based Mental Health Services (continued)

e. Provider Qualifications (continued)

The Arkansas Department of Education will ensure that a school district or Educational Services Cooperative (ESC) meets the Medicaid provider qualifications to be a school-based mental health services provider.

f. Covered Services

The following is a list of covered services available in the School-Based Mental Health Services Program. Practitioners certified as school-based mental health services employees or contractors may provide the services in this list according to their scope of practice as identified by the licensure requirements.

A	
STATE <u>Arkansas</u>	DATE REC'D <u>Jan 01, 2001</u>
	DATE APP'D <u>Mar 26, 2001</u>
	DATE EFF <u>Feb 01, 2001</u>
HCFA 179	<u>00-13</u>

1. Diagnosis - Direct clinical service provided by school-based mental health services provider personnel for the purpose of determining the existence, type, nature and most appropriate treatment of a mental illness or related disorder as described in the DSM-IV. This psychodiagnostic process includes a psychosocial and medical history, diagnostic findings and recommendations.
2. Diagnosis - Psychological Test/Evaluation - A single diagnostic test administered to a client by a licensed psychologist. This procedure should reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the client.
3. Diagnosis - Psychological Testing Battery - Two (2) or more diagnostic tests administered to a client by a psychologist. This battery should assess the mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics of the client.
4. Interpretation of Diagnosis - A direct service provided by school-based mental health services provider personnel for the purpose of interpreting the results of diagnostic activities to the patient. This service may include sharing results with family members or significant others, but it is for the direct benefit of the recipient. If significant others are involved, appropriate consent forms may need to be obtained.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 1u

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 1, 2001

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

5. Crisis Management Visit - An unscheduled direct service contact between an identified patient and school-based mental health services provider personnel for the purpose of preventing an inappropriate or more restrictive placement.
6. Individual Outpatient - Therapy Session - Scheduled individual outpatient care provided by school-based mental health services provider personnel to a patient for the purposes of treatment and remediation of a condition described in DSM-IV and subsequent revisions.
7. Marital/Family Therapy - Treatment provided to two or more family members and conducted by school-based mental health services provider personnel. The purpose of this service is the treatment and remediation of the recipient's psychiatric condition and must address marital/family issues that have a direct impact on the symptoms experienced by the recipient.
8. Individual Outpatient - Collateral Services - A face to face contact by school-based mental health services provider personnel with other professionals, caregivers or other parties on behalf of an identified patient to obtain relevant information necessary to the patient's assessment, evaluation and treatment.
9. Group Outpatient - Group Therapy - A direct service contact between a group of patients and school-based mental health services provider personnel for the purposes of treatment and remediation of a psychiatric condition.

STATE <u>Arkansas</u>	A
DATE REC'D <u>Jan 01, 2001</u>	
DATE APPV'D <u>Mar 26, 2001</u>	
DATE EFF <u>Feb 01, 2001</u>	
HCFA 179 <u>00-13</u>	

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 1, 2001

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services

1. School-Based Mental Health Services

- a. Services are limited to eligible Medicaid recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary.
- c. Services are provided at the school or in the home when the home is considered to be an educational setting for a child who is enrolled in the public school system. The home is not considered a place of service when the parent elects to home school the child.
- d. The State assures that eligible Medicaid recipients will be given free choice of providers within and outside the school setting.
- e. Provider Qualifications

The Arkansas Medicaid program has established provider participation requirements for school-based mental health services.

In order to ensure quality and continuity of care, School Districts and/or Education Services Cooperatives that are School-Based Mental Health Service Providers approved to receive Medicaid reimbursement must ensure that contractors and personnel engaged as Licensed School-Based Mental Health Practitioners meet specific Medicaid qualifications. Practitioners licensed as school-based mental health services provider personnel may provide the services according to their scope of practice as identified by the licensure requirements. Services will be provided by the following:

A	
STATE <u>Arkansas</u>	
DATE REC'D <u>Jan 01, 2001</u>	
DATE APP'D <u>Mar 26, 2001</u>	
DATE EFF <u>Feb 01, 2001</u>	
HCFA 179 <u>00-13</u>	

1. School Psychology Specialist (licensed by the Arkansas Department of Education (ADE))
2. Licensed Certified Social Worker (licensed by the Arkansas Social-Work Licensing Board)
3. Licensed Masters Social Worker (licensed by the Arkansas Social-Work Licensing Board)
4. Psychological Examiner (licensed by the Arkansas Board of Examiners in Psychology)
5. Licensed Psychologist (licensed by the Arkansas Board of Examiners in Psychology)
6. Licensed Professional Counselor (licensed by the Arkansas Board of Examiners in Counseling)
7. Licensed Associate Counselor (licensed by the Arkansas Board of Examiners in Counseling)

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 1, 2001

MEDICALLY NEEDY

- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services (continued)

1. School-Based Mental Health Services (continued)

e. Provider Qualifications (continued)

The Arkansas Department of Education will ensure that a school district or Educational Services Cooperative (ESC) meets the Medicaid provider qualifications to be a school-based mental health services provider.

f. Covered Services

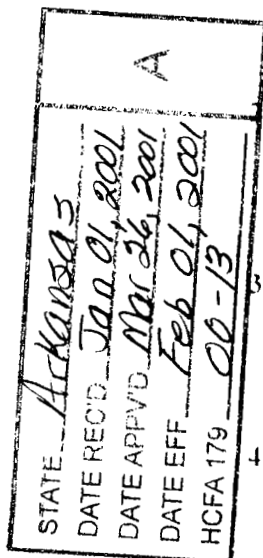
The following is a list of covered services available in the School-Based Mental Health Services Program. Practitioners certified as school-based mental health services employees or contractors may provide the services in this list according to their scope of practice as identified by the licensure requirements.

1. Diagnosis - Direct clinical service provided by school-based mental health services provider personnel for the purpose of determining the existence, type, nature and most appropriate treatment of a mental illness or related disorder as described in the DSM-IV. This psychodiagnostic process includes a psychosocial and medical history, diagnostic findings and recommendations.

Diagnosis - Psychological Test/Evaluation - A single diagnostic test administered to a client by a licensed psychologist. This procedure should reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the client.

3. Diagnosis - Psychological Testing Battery - Two (2) or more diagnostic tests administered to a client by a psychologist. This battery should assess the mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics of the client.

4. Interpretation of Diagnosis - A direct service provided by school-based mental health services provider personnel for the purpose of interpreting the results of diagnostic activities to the patient. This service may include sharing results with family members or significant others, but it is for the direct benefit of the recipient. If significant others are involved, appropriate consent forms may need to be obtained.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 2t

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 1, 2001

MEDICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

5. Crisis Management Visit - An unscheduled direct service contact between an identified patient and school-based mental health services provider personnel for the purpose of preventing an inappropriate or more restrictive placement.
6. Individual Outpatient - Therapy Session - Scheduled individual outpatient care provided by school-based mental health services provider personnel to a patient for the purposes of treatment and remediation of a condition described in DSM-IV and subsequent revisions.
7. Marital/Family Therapy - Treatment provided to two or more family members and conducted by school-based mental health services provider personnel. The purpose of this service is the treatment and remediation of the recipient's psychiatric condition and must address marital/family issues that have a direct impact on the symptoms experienced by the recipient.
8. Individual Outpatient - Collateral Services - A face to face contact by school-based mental health services provider personnel with other professionals, caregivers or other parties on behalf of an identified patient to obtain relevant information necessary to the patient's assessment, evaluation and treatment.
9. Group Outpatient - Group Therapy - A direct service contact between a group of patients and school-based mental health services provider personnel for the purposes of treatment and remediation of a psychiatric condition.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>Jan 01, 2001</u>	
DATE APPV'D	<u>Mar 26, 2001</u>	
DATE EFF	<u>Feb 01, 2001</u>	
HCFA 179	<u>CO-13</u>	



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 1s

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

February 1, 2001

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of  
Conditions Found (Continued)

21. Rehabilitative Services

1. School-Based Mental Health Services

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule for school-based mental health services provided by school-based mental health services provider personnel except for services provided by a psychologist.

The Title XIX Medicaid Maximum for school-based mental health services provided by a psychologist is located on Attachment 4.19-B, Page 1o, Item 4.b.(17).

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>Jan 04, 2001</u>	
DATE APPV'D	<u>Mar 26, 2001</u>	
DATE EFF	<u>Feb 01, 2001</u>	
HCFA 179	<u>00-13</u>	